ARTICLE 1. ADMINISTRATION

R4-23-110. Definitions

"Assisted living facility" means a residential care institution as defined in A.R.S. 36-401.

"Automated dispensing system" means a mechanical system in a long-term care facility that performs operations or activities, other than compounding or administration, relative to the storage, packaging, counting, labeling, and dispensing of medications, and which collects, controls, and maintains all transaction information.

dispensing.

"Emergency drug supply unit" means those drugs that may be required to meet the immediate and emergency therapeutic needs of long-term care facility residents and hospice inpatient facility patients, and which are not available from any other authorized source in sufficient time to prevent risk of harm to residents or patients.

"Hospice inpatient facility" means a health care institution licensed under A.R.S. 36-401 and Article 8 that provides hospice services to a patient requiring inpatient services.

"Long-term care facility" or "LTCF" means a nursing care institution as defined in A.R.S. § 36-401 ~~or an assisted living facility that:~~

~~Provides 24-hour, seven-day a week licensed nursing services to resident patients; and~~

~~Is licensed by the Arizona Department of Health Services~~.

control, packaging, and distribution of a batch or lot of a drug can be determined.

"Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the

"Resident" means:

An individual admitted to and living in a long-term care facility or an assisted living facility,

An individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist, or

A person who owns or operates a place of business in Arizona.

ARTICLE 6. PERMITS AND DISTRIBUTION OF DRUGS

R4-23-674. Limited-service Long-term Care Pharmacy

A. A limited-service pharmacy permittee shall ensure that the limited-service long-term care pharmacy complies with:

1. The general requirements of R4-23-671;
2. The professional practice standards of Article 4 and Article 11; and
3. The permits and drug distribution standards of R4-23-606 through R4-23-612, R4-23-670, and this Section.

B. If a limited-service long-term care pharmacy permittee contracts with a long-term care facility as a Provider Pharmacy, as defined in R4-23-110, the limited-service long-term care pharmacy permittee shall ensure that~~:~~

~~1. The limited-service long-term care pharmacy employs or contracts with a long-term care consultant pharmacist; and~~

2. ~~The~~ the long-term care consultant pharmacist and the pharmacist-in-charge of the limited-service long-term care pharmacy comply with R4-23-701, R4-23-701.01, R4-23-701.02, ~~and~~ R4-23-701.03, R4-23-701.04, and this Section.

C. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that prescription medication is delivered to the patient's long-term care facility or locked in the dispensing area of the pharmacy when a pharmacist is not present in the pharmacy.

D. The pharmacist-in-charge of a limited-service long-term care pharmacy shall authorize only those individuals listed in R4-23-610(B) to be in the limited-service long-term care pharmacy.

E. In consultation with the long-term care facility's medical director and director of nursing, the long-term care consultant pharmacist and pharmacist-in-charge of the long-term care facility's provider pharmacy may develop, if necessary, a medication formulary for the long-term care facility that ensures the safe and efficient procurement, dispensing, distribution, administration, and control of drugs in the long-term care facility.

F. The limited-service long-term care pharmacy permittee or pharmacist-in-charge shall ensure that the written policies and procedures required in R4-23-671(E) include the following:

1. Clinical services and drug utilization management for:
    a. Drug utilization reviews,
    b. Inventory audits,
    c. Patient outcome monitoring,
    d. Drug information, and

e. Education of pharmacy and other health professionals;

2. Controlled substances;

3. Drug compounding, dispensing, and storage;

4. Drug delivery requirements for:

a. Transportation,

b. Security,

c. Temperature and other environmental controls, and

d. Emergency provisions;

5. Drug product procurement;

6. Duties and qualifications of professional and support staff;

7. Emergency drug supply unit procedures;

8. Formulary, including development, review, modification, use, and documentation, if applicable;

9. Patient profiles;

10. Patient education;

11. Prescription orders~~:~~, including:

a. Approved abbreviations,

b. Stop-order procedures, and

c. Leave-of-absence and discharge prescription order procedures;

12. Quality management procedures for:

a. Adverse drug reactions,

b. Drug recalls,

c. Expired and beyond-use-date drugs,

d. Medication or dispensing errors, and

e. Education of professional and support staff;

13. Recordkeeping;

14. Sanitation; and

15. Security.

ARTICLE 7. NON-PHARMACY LICENSED OUTLETS - GENERAL PROVISIONS

R4-23-701. Long-term Care Facilities Pharmacy Services: Consultant Pharmacist

A. The long-term care consultant pharmacist as defined in R4-23-110~~, in cooperation with the pharmacist-in-charge of a provider pharmacy~~ shall:

1. ~~Prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for the safe and efficient receipt, distribution, and storage of pharmaceutical products by the long-term care facility;~~ Possess a valid Arizona pharmacist license issued by the Board;

2. ~~Make the policies and procedures available in the provider pharmacy and long-term care facility for employee reference and inspection by the Board or its designee; and~~ Ensure the provision of pharmaceutical patient care services as defined in R4-23-110;

3. ~~Ensure that the written policies and procedures required under (A)(1) include the following:~~ Review the distribution and storage of drugs and devices and assist the facility in establishing policies and procedures for the distribution and storage of drugs and devices;

   ~~a. Specification for the storage, distribution, and procurement of drugs and biologicals;~~

b. Resident evaluation programs that relate to monitoring the therapeutic response and use of all drugs and biologicals prescribed or administered to residents, using as guidelines the most current indicators established by the Centers for Medicare and Medicaid Services, United States Department of Health and Human Services as required in 42 CFR 483.60, published October 1, 2001, and no future amendments or editions, incorporated by reference and on file with the Board and the Office of the Secretary of State.

c. Pharmacist assistance in drug-related emergency situations on a 24-hour basis;

d. Controlled substance accountability including:

i. Date and time of administration,

ii. Name of the person who administers the controlled substance,

iii. Documenting and verifying of any wasted or partial doses, and

iv. Exception reports for refused doses;

e. Prescription order requirements;

f. Approved abbreviations;

g. Stop-order procedures;

h. Pass and discharge prescription order procedures;

i. Emergency drug supply unit procedures;

j. Formulary procedures, including development, review, modification, use, and documentation, if applicable;

k. Security and temperature control procedures for all drugs and biologicals;

~~l. Disposal procedures that comply with subsection (D) for discontinued or outdated, prescription-only drugs or containers with illegible or missing labels; and~~

~~m. Procedures for identifying and reporting to proper authorities drug irregularities and dispensing errors.~~

4. Provide resident evaluation programs that relate to monitoring the therapeutic response and utilization of all drugs and devices prescribed or administered to residents, using as guidelines the most current indicators established by the Centers for Medicare and Medicaid Services, United States Department of Health and Human Services as required in 42 CFR 483.60 (revised October 1, 2010, incorporated by reference and on file with the Board. This incorporated material contains no future editions or amendments.).

5. Serve as a resource for pharmacy-related education services within the facility;

6. Participate in quality management of resident care in the facility; and

7. Communicate with the provider pharmacy regarding areas of mutual concern and resolution.

B. A long-term care consultant pharmacist shall ensure that:

~~1. A pharmacist evaluates and verifies a prescription order of a long-term care facility resident in compliance with R4-23-402(A)(5) and (6);~~

~~2. The prescription order of a long-term care facility resident contains:~~

~~a. Resident's name;~~

~~b. Facility name or address;~~

~~c. Drug name, strength, and dosage form;~~

~~d. Directions for use;~~

~~e. Date issued; and~~

~~f. Name of prescriber;~~

~~3.~~1. When a provider pharmacy is not open for business, arrangements are made in advance by the long-term care consultant pharmacist, in cooperation with the pharmacist-in-charge of the provider pharmacy and the director of nursing and medical staff of the long-term care facility, for providing emergency drugs for the licensed nursing staff to administer to the residents of the facility using an emergency drug supply unit located at the facility;

~~4.~~2. The label and packaging of prescription-only and nonprescription drugs intended for use within a long-term care facility complies with ~~R4-23-701.01 and~~ state and federal law; and

~~5.~~3. ~~A long-term care facility's personnel is informed that laws governing controlled substances require that a long-term care facility:~~ The long-term care facility:

a. ~~Store~~ Stores controlled substances listed in A.R.S. § 36-2513 in a separately locked and permanently affixed compartment, unless the facility uses a single-unit package medication distribution system~~,~~; and

b. ~~Maintain~~ Maintains accurate records of controlled substance administration or ultimate disposition.

C. The long-term care consultant pharmacist shall:

1. ~~ensure~~ Ensure availability of records and reports designed to provide the data necessary to evaluate the drug use of each long-term care facility resident that include the following:

~~1.~~a. Provider pharmacy patient profiles and long-term care facility medication administration records;

~~2.~~b. Reports of suspected adverse drug reactions;

~~3.~~c. Inspection reports of drug storage areas with emphasis on detecting outdated drugs; and

~~4.~~d. Accountability reports, ~~including all drug destruction forms.~~ that include:

i. Date and time of administration,

ii. Name of the person who administered the drug,

iii. Documentation and verification of any wasted or partial doses,

iv. Exception reports for refused doses, and

v. All drug destruction forms; and

2. Identify and report drug irregularities and dispensing errors to the prescriber, the director of nursing of the facility, and the provider pharmacy.

D. A long-term care consultant pharmacist or pharmacist-in-charge of a provider pharmacy shall ensure that:

1. Discontinued or outdated drugs, including controlled substances, are destroyed or disposed of~~:~~

~~a. Under the supervision of either a long-term care consultant pharmacist or a pharmacist employed by a provider pharmacy and witnessed by the long-term care facility administrator or the administrator's designee;~~

~~b. List by drug name, strength, dosage form, and quantity; and~~

~~c.~~ ~~In~~ in a timely manner using methods consistent with federal, state, and local requirements and subject to review by the Board or its ~~designee~~ staff; and

2. Drug containers with illegible or missing labels are:

   a. Identified; and

   b. Replaced or relabeled by a pharmacist employed by the pharmacy that dispensed the prescription medication.

R4-23-701.01. Long-term Care Facilities Pharmacy Services: Provider Pharmacy

The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:

1. A prescription medication is provided only by a valid prescription order for an individual long-term care facility resident, properly labeled for that resident, as specified in this subsection. Nothing in this Section shall prevent a provider pharmacy from supplying nonprescription drugs in a manufacturer's unopened container or emergency drugs using an emergency drug supply unit as specified in R4-23-701.02;
2. A prescription medication label for a long-term care facility resident complies with A.R.S. §§ ~~32-1963.01(C) and (I),~~ 32-1968~~,~~ and 36-2525 ~~and the applicable parts of R4-23-658(D),~~ and contains:

   a. The drug name, strength, dosage form, and quantity; and

   b. The beyond-use-date;

3. Only a pharmacist employed by the pharmacy that dispensed the prescription medication may, through the exercise of professional ~~judgement~~ judgment, relabel or alter a prescription medication label that is illegible or missing;
4. The ~~long-term care facility~~ provider pharmacy develops and implements drug recall policies and procedures that protect the health and safety of facility residents. The

drug recall procedures shall include immediate discontinuation of any patient level recalled drug and notification of the prescriber and director of nursing of the facility; and

5. ~~The provider pharmacy or any of its employees does not pay any rebate under A.R.S. § 32-1932(D) and R4-23-404.~~ Drugs previously dispensed to a resident of the long-term care facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, are not repackaged.

R4-23-701.02. Long-term Care Facilities Pharmacy Services: Emergency Drugs

A. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that:

1. ~~an~~ An emergency drug supply unit is available within the long-term care facility~~.~~,

2 Drugs contained in an emergency drug supply unit remain the property of the provider pharmacy, and

3. Controlled substance drugs contained in an emergency drug supply unit are included in all inventories required under A.R.S. 36-2523(B) and R4-23-1003(A).

B. An emergency drug supply unit shall ~~contain only a drug that meets~~ meet the following criteria:

1. The ~~drug is~~ drugs are necessary to meet the ~~emergent and immediate~~ immediate and emergency therapeutic needs of long-term care facility residents as determined by the provider pharmacy's pharmacist-in-charge in consultation with the long-term care facility's medical director and nursing director; ~~and~~

2. The purpose of the emergency drug supply unit in a long-term care facility is not to relieve a provider pharmacy of the responsibility for timely provision of the resident's

routine drug needs, but to ensure that an emergency drug supply unit is available for facility residents in need of immediate and emergency therapeutic drugs; and

~~2~~.3. The ~~drug is packaged~~ drugs are provided in a manufacturer's unit of use package or are prepackaged and labeled to include the drug name, strength, dosage form, manufacturer, lot number, and expiration date and provider pharmacy's name, address, telephone number, and pharmacist's initials.

C. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure that an emergency drug supply unit:

1. Is stored in an area that:

   a. Is temperature controlled; and

   b. Prevents unauthorized access;

2. Contains on the exterior of the emergency drug supply unit a label to indicate that the contents are for emergency use only;

3. Contains on the exterior of the emergency drug supply unit a complete list of the contents of the unit by drug name, strength, dosage form, ~~expiration date~~, and quantity and the provider pharmacy's name, address, and telephone number; ~~and~~

4. Contains on the exterior of the emergency drug supply unit a label that indicates the date of the earliest drug expiration date;

~~4.~~ 5. Contains on the exterior of the emergency drug supply unit a label that indicates the date of and ~~person~~ pharmacist responsible for the last inspection of the emergency drug supply unit~~.~~; and

6. Is secured with a tamper-evident seal, or is locked and sealed in a manner that obviously reveals when the unit has been opened or tampered with.

D. The limited-service pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:

1. Prepare, implement, review, and revise in the same manner described in R4-23-671(E) and comply with written policies and procedures for the storage and use of an emergency drug supply unit in a long-term care facility;
2. Make the policies and procedures available in the provider pharmacy and long-term care facility for employee reference and inspection by the Board or its ~~designee~~ staff; ~~and~~
3. Ensure that the written policies and procedures include the following:
    a. Drug removal procedures that requires:
        i. The long-term care facility's personnel receive a valid prescription order for each drug removed from the emergency drug supply unit,
        ii. The long-term care facility's personnel notify the provider pharmacy when a drug is removed from the emergency drug supply unit, ~~and~~
        ~~iii. The provider pharmacy's personnel restock the emergency drug supply unit within 48 hours of receiving the notification required in subsection (D)(3)(a)(ii),~~
    b. Outdated drug replacement procedures ~~that requires:~~, and
        ~~i. The provider pharmacy's personnel check for outdated drugs in the emergency drug supply unit once a month,~~
        ~~ii. The long-term care facility's personnel notify the provider pharmacy when an outdated drug is found in the emergency drug supply unit,~~

~~iii. The provider pharmacy's personnel remove an outdated drug from the emergency drug supply unit within 48 hours seven days of receiving the notification required in subsection (D)(3)(b)(ii), and~~

~~iv. The provider pharmacy's personnel restock the emergency drug supply unit within 48 hours of receiving the notification required in subsection (D)(3)(b)(ii), and~~

c. Security and inspection procedures; ~~and~~

4. Exchange or restock the emergency drug supply unit weekly, or more often as necessary, to ensure the availability of an adequate supply of emergency drugs within the long-term care facility. Restocking of the emergency drug supply unit at the facility shall be completed by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct on-site supervision of an Arizona licensed pharmacist; and

~~4.~~5. Educate pharmacy and long-term care facility personnel in the storage and use of an emergency drug supply unit.

E. In addition to the requirements of subsections (A) through (D), an automated emergency drug supply unit may be used, provided:

1. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy notifies the Board or its staff in writing of the intent to use an automated emergency drug supply unit, including the name and type of unit;

2. The provider pharmacy is notified electronically when the automated emergency drug supply unit has been accessed;

3. All events involving the access of the automated emergency drug supply unit are recorded electronically and maintained for not less than two years;

4. The provider pharmacy is capable of producing a report of all transactions of the automated emergency drug supply unit including a single drug usage report as required in R4-23-408(B)(5) on inspection by the Board or its staff;

5. The provider pharmacy develops written policies and procedures for:

   a. Accessing the automated emergency drug supply unit in the event of a system malfunction or downtime,

   b. Authorizing and modifying user access,

   c. An ongoing quality assurance program that includes:

      i. Training in the use of the automated emergency drug supply unit for all authorized users,

      ii. Maintenance and calibration of the automated emergency drug supply unit as recommended by the device manufacturer; and

6. Documentation of the requirements of subsection (E)(5)(c)(ii) is maintained for inspection by the Board or its staff for not less than two years.

F. The Board may prohibit a pharmacy permittee or pharmacist-in-charge of a provider pharmacy from using an automated emergency drug supply unit if the pharmacy permittee or pharmacy permittee's employees do not comply with the requirements of subsections (A) through (E).

R4-23-701.04. Long-term Care Facilities Pharmacy Services: Automated Dispensing Systems

A. Before using an automated dispensing system as defined in R4-23-110, a pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:

1. Notify the Board or its staff in writing of the intent to use an automated dispensing system, including the name and type of system;
2. Obtain a separate controlled substances registration at the location of each long-term care facility at which an automated dispensing system containing controlled substances will be located as required by federal law; and
3. Maintain copies of the registrations required under subsection (A)(2) at the provider pharmacy for inspection by the Board or its staff.

B. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure:

1. Drugs contained in an automated dispensing system remain the property of the provider pharmacy,
2. Controlled substance drugs contained in an automated dispensing system are included in all inventories required under A.R.S. 36-2523(B) and R4-23-1003(A),
3. Schedule II drugs are not stocked in an automated dispensing system, and
4. A separate emergency drug supply unit is available in the long-term care facility to meet the requirements of R4-23-701.02.

C. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:

1. Ensure that policies and procedures as required in subsection (D) for the use of an automated dispensing system in a long-term care facility are prepared, implemented, and complied with;
2. Review biennially and, if necessary, revise the policies and procedures required under subsection (D);

3. Document the review required under subsection (C)(2);

4. Assemble the policies and procedures as a written or electronic manual; and

5. Make the policies and procedures available for employee reference and inspection by the Board or its staff within the pharmacy and at any location outside of the pharmacy where the automated dispensing system is used.

D. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall ensure the written policies and procedures include:

1. Drug removal procedures that include the following:

   a. A drug is provided only by a valid prescription order for an individual long-term care facility resident;

   b. A drug is dispensed from an automated dispensing system only after a pharmacist has:

      i. Reviewed and verified the resident's prescription order as required by R4-23-402(A), and

      ii. Electronically authorized the access for that drug for that particular resident, and

   c. The automated dispensing system labels each individual drug packet with a resident specific label that complies with R4-23-701.01(2) and contains the resident's room number or facility identification number; and

2. Security procedures that include the following:

   a. The pharmacy permittee or pharmacist-in-charge of the provider pharmacy is responsible for authorizing user access, including adding and removing users and modifying user access;

b. Each authorized user is a licensee of the Board or authorized licensed personnel of the long-term care facility; and

c. The automated dispensing system is secured at the long-term care facility by electronic or mechanical means or a combination thereof designed to prevent unauthorized access;

3. Drug stocking procedures that include the following:

a. Automated dispensing systems that use non-removable containers that do not allow prepackaging of the container as set out in subsection (D)(3)(b):

i. Are stocked at the long-term care facility by an Arizona licensed pharmacist employed by the provider pharmacy, or by an Arizona licensed intern, graduate intern, technician or technician trainee under the direct on-site supervision of an Arizona licensed pharmacist; and

ii. Utilize barcode or other technologies to ensure the correct drug is placed in the correct canister or container; and

b. Automated dispensing systems that use removable containers may be stocked at the long-term care facility by an authorized user provided:

i. The prepackaging of the container occurs at the provider pharmacy;

ii. A pharmacist verifies the container has been properly filled and labeled, and the container is secured with a tamper-evident seal;

iii. The individual containers are transported to the long-term care facility in a secure, tamper-evident shipping container; and

iv. The automated dispensing system uses microchip, bar-coding, or other

technologies to ensure the containers are accurately loaded in the automated dispensing system; and

4. Record-keeping and report procedures that include the following:

a. All events involving the access of the automated dispensing system are recorded electronically and maintained for not less than two years;

b. The provider pharmacy is capable of producing a report of all transactions of the automated dispensing system including:

i. A single drug usage report that complies with R4-23-408(B)(5); and

ii. An authorized user history including date and time of access and type of transaction; and

c. The provider pharmacy has procedures to safeguard the storage, packaging, and distribution of drugs by monitoring:

i. Current inventory;

ii. Expiration dates;

iii. Controlled substance dispensing;

iv. Re-dispense requests; and

v. Wastage.

E. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:

1. Ensure that an electronic log is kept for each container fill that includes:

a. An identification of the container by drug name and strength, and container number;

. b. The drug's manufacturer or National Drug Code (NDC) number;

c. The expiration date and lot number from the manufacturer's stock bottle that is

used to fill the container. If multiple lot numbers of the same drug are added to a container, each lot number and expiration date shall be documented;

d. The date the container is filled;

e. Documentation of the identity of the licensee who placed the drug into the container; and

f. If the licensee who filled the container is not a pharmacist, documentation of the identity of the pharmacist who supervised the non-pharmacist licensee; and

2. Maintain the electronic log for inspection by the Board or its staff for not less than two years.

F. A pharmacy permittee or pharmacist-in-charge of a provider pharmacy shall:

1. Implement an ongoing quality assurance program that monitors performance of the automated dispensing system and compliance with the established policies and procedures that includes:

a. Training in the use of the automated dispensing system for all authorized users,

b. Maintenance and calibration of the automated dispensing system as recommended by the device manufacturer,

c. Routine accuracy validation testing no less than every three months, and

d. Downtime and malfunction procedures to ensure the timely provision of medication to the long-term care facility resident, and

2. Maintain documentation of the requirements of subsections (F)(1)(b) and (F)(1)(c) for inspection by the Board or its staff for not less than two years.

G. The Board may prohibit a pharmacy permittee or pharmacist-in-charge from using an automated dispensing system in a long-term care facility if the pharmacy permittee or the

pharmacy permittee's employees do not comply with the requirements of subsections (A) through (F).

R4-23-702 ~~Repealed~~ Hospice Inpatient Facilities

A. If a pharmacy permittee contracts to provide pharmacy services to the patients of a hospice inpatient facility as defined in R4-23-110, the pharmacy permittee shall ensure that:

1. A prescription medication is provided only by a valid prescription order for an individual hospice inpatient facility patient, properly labeled for that patient, as specified in this subsection. Nothing in this section shall prevent a provider pharmacy from supplying non-prescription drugs in a manufacturer's unopened container;
2. A prescription medication label for a hospice inpatient facility patient complies with A.R.S. 32-1968 and A.R.S. 36-2525 and contains:
   a. The drug name, strength, dosage form, and quantity; and
   b. The beyond-use date; and
3. If the label on the hospice inpatient facility patient's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.

B. A pharmacist may help hospice inpatient facility personnel develop written policies and procedures for the procurement, administration, storage, control, recordkeeping, and disposal of drugs in the facility.

C. The provider pharmacy may contract with the hospice inpatient facility to provide pharmacist services at the facility that include evaluation of the patient's response to medication therapy, identification of potential adverse drug reactions, and recommended appropriate corrective action.

D. A provider pharmacy that places an emergency drug supply unit at a hospice inpatient facility shall comply with the requirements of R4-23-701.02.

E. A pharmacy shall not place an automated dispensing system as defined in R4-23-701.04 in a hospice inpatient facility.

F. Drugs previously dispensed to a patient of the hospice inpatient facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, shall not be repackaged.

R4-23-703. Assisted Living Facilities

A. Assisted living facilities are licensed by the state Department of Health Services.

B. A pharmacy shall:

1. Only dispense, sell, or deliver a prescription or nonprescription drug to an assisted living facility resident after receiving a prescription order for the drug from the resident's medical practitioner;
2. Label, in accordance with A.R.S. §§ 32-1963.01 ~~and,~~ 32-1968, and 36-2525, all drugs dispensed, sold, or delivered to an assisted living facility resident;
3. Obtain a copy of the current Arizona Department of Health Services license issued to an assisted living facility before dispensing drugs to that facility's resident; and

4. Maintain, for inspection by a Board compliance officer, a file containing the license copy required in subsection (B)(3).

C. In addition to the labeling requirements of A.R.S. §§ 32-1963.01, ~~and~~ 32-1968, and 36-2525, the label on a prescription medication for an assisted living facility resident shall include the name, strength, and quantity of the drug and a beyond-use date.

D. If the label on an assisted living facility resident's drug container becomes damaged or soiled, a pharmacist employed by the pharmacy that dispensed the drug container, through the exercise of professional judgment, may relabel the drug container. Only a pharmacist is permitted to label a drug container or alter the label of a drug container.

E. A pharmacist may help assisted living facility personnel to develop written policies and procedures for the procurement, administration, storage, control, recordkeeping, and disposal of drugs in the facility and provide other information concerning drugs that assisted living facilities should have for safe and effective supervision of drug self-administration.

F. ~~A pharmacist shall not pay any rebate to an assisted living facility according to R4-23-404 and A.R.S. § 32-1932(B)(1).~~ A pharmacy shall not place an emergency drug supply unit as defined in R4-23-701.02 or an automated dispensing system as defined in R4-23-701.04 in an assisted living facility.

G. Drugs previously dispensed to a resident of the assisted living facility by another pharmacy, and drugs previously dispensed by the provider pharmacy, shall not be repackaged.

R4-23-704. **~~Repealed~~** **Customized Patient Medication Packages**

In lieu of dispensing two or more prescribed drugs in separate containers, a pharmacist may, with the consent of the patient, the patient's caregiver, the prescriber, or the facility caring for the patient, provide a customized patient medication package. The pharmacist preparing a customized patient medication package shall abide by the guidelines set forth in the current edition of the official compendium for labeling, packaging, and record-keeping, and state and federal law.